



Howard County Department of Citizen Services
Aging In Place Initiative
Application for Home Modification / Repair Program

Date: _____

General Information:

Name or Home Owner(s): _____

Address: _____ City _____ State: _____ Zip Code: _____

Phone: _____ Date of Birth for Occupant(s): _____

Social Security # _____

Do you have a disability? _____ If yes, please explain _____

Employment Information:

Applicant's Employer: _____

Address: _____

Phone: _____ Hours worked per wk: _____ Wage: _____

HOUSEHOLD INFORMATION: ALL PERSONS OCCUPYING THE HOME MUST COMPLETE THE FOLLOWING OR APPLICATION WILL BE REJECTED.

If there are other persons please use another sheet of paper.

Name	Age	Relationship to Applicant	Employed?
			Yes or No
			Yes or No
			Yes or No

Total Household Income \$ _____ per year (include income of all persons in home).

Amount of Income (per year)	Source of Income (i.e., SSI, pension, wages, etc.)

PROPERTY INFORMATION

Type of Property: Single Family _____ Townhome _____ Condo _____ Mobile Home _____

Purchase Price: \$ _____ Property Taxes: \$ _____ Year Purchased _____

Number of Bedrooms: _____ Number of Bathrooms: _____

1st Mortgage:

Payment per month: \$ _____

Lender's Name: _____

Lender's Address: _____

PROPERTY INFORMATION CONT

2nd Mortgage:

Payment per month: \$ _____

Lender's Name: _____

Lender's Address: _____

Homeowner Insurance Carrier: _____

Policy Number: _____ Agent's Name: _____

Phone #: _____

Please list the repair to your home for you are applying for funds and why your application should be considered.

From What other sources, if any, have you sought funding?

I/we certify that the above information is true and correct to the best of my/our knowledge. I/we realize that failure to provide all information requested could result in our application being invalid. I/we authorize the Howard County Department of Citizen Services to check any references necessary to complete the processing of this application for the purpose of receiving housing rehabilitation through the Home Repair Program. I/we also understand that any information received will be kept confidential and will be used strictly for determining my/our eligibility for this program.

Signature of Homeowner

Date

Signature of Co-owner

Date

Mail completed application to:
Home Repair Program
Howard County Department of Citizen Services
6751 Columbia Gateway Drive, Suite 204
Columbia, MD 21046

Questions can be directed to:
Howard County Maryland Access Point – 410-313-5980